Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning and ending

	Check if applicab	PORTSMOUTH SUBMARINE MEMORIAL		D Employer identific	cation number
	Name	T DACODE DADE		02-03645	09
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return			603-436-	3680
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	392,103.
	Amer	PORTSMOUTH, NH U30UI		H(a) Is this a group re	
	Appli tion pend	Finame and address of principal officer: LAWKENCE HERRICK			? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions
		ite: ► WWW.USSALBACORE.ORG		H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1982 N	A State of legal domicile: NH
P	art I	Summary	DIIOAMI	- MILE DIEDI TO	ADOUG BUILD
çe	1	Briefly describe the organization's mission or most significant activities: TO E			
Governance		MARITIME HISTORY OF THE PISCATAQUA RIVER			
Ver	3	Check this box if the organization discontinued its operations or dispo Number of voting members of the governing body (Part VI, line 1a)			8
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			8
ە ق	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
itie	6	Total number of volunteers (estimate if necessary)			6
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		37,902.	264,053.
nue	9	Program service revenue (Part VIII, line 2g)		35,681.	77,651.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,640.	8,647.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,686.	18,037.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		88,909.	368,388.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		37,607.	140,831.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	26	0.	0.
Ĕ		Total fundraising expenses (Part IX, column (D), line 25) There are a represed (Part IX, column (A) lines 11d, 11d, 11d, 11d, 11d, 11d, 11d, 11d	30.	93,049.	303,862.
	17 18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		130,656.	444,693.
		Revenue less expenses. Subtract line 18 from line 12		-41,747.	-76,305.
or es		Tievende less expenses. Oubtract line to nontline 12		eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,174,092.	2,076,427.
ASS d Ba	21	Total liabilities (Part X, line 26)		80,232.	58,872.
E E	22	Net assets or fund balances. Subtract line 21 from line 20		2,093,860.	2,017,555.
Pa	art II		•		
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	nents, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	PHILIP L. MUNCK, TREASURER Type or print name and title			
				Date Check	PTIN
Da:		Print/Type preparer's name Preparer's signature		if	
Paid	ı Darer	MARIE C. MCKAY Firm's name - RICELOW & COMPANY CDA DILC		self-employ	
	Only	Firm's name BIGELOW & COMPANY, CPA, PLLC Firm's address 500 COMMERCIAL STREET		FITTI S EIN	02-0394333
J J G	Jilly	MANCHESTER, NH 03101		Dhone no KN	36277659
Mar	/ the I	RS discuss this return with the preparer shown above? See instructions		Ti none no.0 0	X Yes No
*1U	,	The disease this retain with the proparer shown above: Occiliationions			

Form 990 (2020) ASSOCIATION Part III Statement of Program Service Accomplishments 02-0364509 Page **2**

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO EDUCATE THE PUBLIC ABOUT THE MARITIME HISTORY OF THE PISCATAQUA
	RIVER BASIN AND THE SIGNIFICANCE OF THE PORTSMOUTH NAVAL SHIPYARD AND
	THE U.S. NAVY'S SUBMARINE SERVICE. ITS MOST IMPORTANT ACTIVITY IS THE
	DISPLAY OF A SUBMARINE, FORMER USS ALBACORE, AND ASSOCIATED MUSEUM.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ $402,587 \cdot $ including grants of \$) (Revenue \$ $95,688 \cdot $)
	THE FORMER USS ALBACORE IS SITUATED IN A DRY BASIN IN ALBACORE PARK
	WHERE THE GENERAL PUBLIC CAN ENTER AND WALK THROUGH IT, TOUCH AND
	OPERATE EQUIPMENT, AND LISTEN TO AUDIO EXPLANATIONS AT NUMEROUS
	LOCATIONS INSIDE AND OUTSIDE THE VESSEL. THERE IS A SMALL MUSEUM
	BUILDING WITH DISPLAYS RELATING TO THE SUBMARINE'S HISTORY, SUBMARINE
	DESIGN AND THE PORTSMOUTH NAVAL SHIPYARD. IN THE YEAR ENDED DECEMBER
	31, 2020 APPROXIMATELY 12,600 PERSONS VISITED THE PARK.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	(Code:) (Expenses \$ including grants of \$) (Revenue \$) A LIMITED ATTENDANCE, REMOTELY BROADCAST WREATHS AROUND AMERICA
	CEREMONY WAS CONDUCTED.
	CEREMONI WAS CONDUCTED:
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	A MEMORIAL GARDEN IS LOCATED WITHIN THE PARK WITH MONUMENTS DISPLAYING
	THE NAMES OF SUBMARINES LOST IN WORLD WAR II INCLUDING THE CREW OF THE
	CURRENT SUBMARINE'S NAMESAKE, USS ALBACORE (SS218). MOST VISITORS TO
	THE PARK ALSO VISITED THE GARDEN.
	IIII IIIII IIIIO VIDIIID IIII OIIIDDIA.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 402,587.
	Fa 901 (2005)

Form 990 (2020) ASSOCIATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	37	
_	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			3.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		Х
D	, 1	401-		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13		13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		Λ
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		-25
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.5		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	••		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2020) ASSOCIATION

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes, " complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	, , , , , , , , , , , , , , , , , , , ,	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 00		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_		38	Х	L
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>

Form 990 (2020) ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		, ,			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		· ·			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		_			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		•			
	to file Form 8282?		 I	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
^				8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
				9a 9b		
_	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			90		
0	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	100	İ			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
1	Section 501(c)(12) organizations. Enter:	IUD				
' _	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	ı ıa				
D	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
		12b	j	.zu		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15	<u> </u>	Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
•	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	1		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			-
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,	,	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PHILIP MUNCK - (603)436-3680			
	569 SIIRMARINE WAY PORTSMOITH NH 03801			

Form 990 (2020)

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
ivanie and title	hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LAWRENCE HERRICK	20.00	┦								•
PRESIDENT	F 00	Х		Х				0.	0.	0.
(2) GERALD SEDOR	5.00	Х		х				0.	0.	0
VICE PRESIDENT	20.00			Λ				0.	0.	0.
(3) PHILIP MUNCK	20.00	X		Х				0.	0.	0.
TREASURER (4) KENNETH LATCHAW	5.00	^		Λ				0.	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(5) JAMES WAKEFIELD	10.00	123							•	•
DIRECTOR	1000	х						0.	0.	0.
(6) KENNETH LINSCOTT	8.00	T						,		
DIRECTOR		Х						0.	0.	0.
(7) JOSEPH FREDA	5.00									
DIRECTOR		Х						0.	0.	0.
(8) GARY WOODS	5.00									
DIRECTOR		Х						0.	0.	0.
		-								
		_								
		-								
		1								
		 								
		—			-					
		4								

02-0364509

Form 990 (2020) ASSOCIATION 02-0

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per (do not box, uni				ition) than	one	(D) Reportable compensation	(E) Reportable compensatio	n		(F) timate	
	week (list any hours for related organizations below line)	tee or director					tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	8	other pensa om the anization relations anization in anization anization in anization in anization in anization a	tion e ion ed	
c Total from continuation sheets to Part VII, Section A									0.			0.	
d Total (add lines 1b and 1c) Total number of individuals (including but r							no re	0 . eceived more than \$100	0,000 of reportable	0. e			0.
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	-				-		elat	ed organization or indiv	idual for services		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co										pens	ation f	rom	
the organization. Report compensation for (A) Name and business					<u>/ith</u>	or w	ithir	n the organization's tax y (B) Description of s			(C	;)	<u> </u>
	audiess	NC	ONE	<u> </u>				Description of s	sel VICES		ompei	isatio	
Total number of independent contractors (\$100,000 of compensation from the organi	•	ot lir	mite	d to		se lis	sted	l above) who received m	nore than				

Page 9

PORTSMOUTH SUBMARINE MEMORIAL

20) ASSOCIATION
Statement of Revenue

			Check if Schedule O	conta	ains a respons	e or note to any lin	e in this Part VIII			X
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	,	b Mo c Fu d Re e Go f All	ederated campaigns lembership dues undraising events elated organizations overnment grants (contr I other contributions, gifts, milar amounts not included	ibuti	1b 1c 1d ions) 1e 1s, and	4,800. 179,533. 79,720.				
ÖĒ			oncash contributions included in			•				
a S		_	otal. Add lines 1a-1f				264,053.			
						Business Code				
Program Service Revenue	2	а <u>А</u> b	DMISSIONS TO) T	OUR SUB	900099	77,651.	77,651.		
Se nu		c								
ran ev		d								
ρ. F		e								
Δ.	1	f Al	ll other program service i	reve	nue					
			otal. Add lines 2a-2f				77,651.			
	3		vestment income (includ	_		•	0 645			0 645
	_		ther similar amounts)				8,647.			8,647.
	4		come from investment o		•					
	5	K	oyalties	<u>.</u>	(i) Real	(ii) Personal				
	6	- C	roog ronto	6-	(i) Heal	(ii) i ersonai				
			ross rents ess: rental expenses	6a 6b						
			ental income or (loss)	6c						
			et rental income or (loss)			•				
			ross amount from sales of		(i) Securities					
			sets other than inventory	7a						
		b Le	ess: cost or other basis							
ne		an	nd sales expenses	7b						
Revenue		c Ga	ain or (loss)	7с						
R			et gain or (loss)							
Other	8		ross income from fundraisir cluding \$							
			ontributions reported on		-					
			art IV, line 18							
			ess: direct expenses			b				
			et income or (loss) from			>				
	9		ross income from gamin	-		_				
			art IV, line 19ess: direct expenses							
			et income or (loss) from			>				
			ross sales of inventory, I							
			nd allowances			a 41,752.				
			ess: cost of goods sold							
		c Ne	et income or (loss) from	sale	s of inventory	>	18,037.	18,037.		
<u>s</u>						Business Code				
Miscellaneous Revenue	11	a								
llan	- 1	b								
Sce Rev		c _								
Ξ̈́			ll other revenue							
			otal. Add lines 11a-11d otal revenue. See instructio				368,388.	95,688.	0.	8,647.
	12	10	nai ievenue. Obe iiisii uciio	1115			200,200.	, JJ,000.	· U•	0,04/•

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O cordans a response or note to any line in the Part IX On a fixed business must reported on fine 80, 70, 80, 80, and 100 of Part VIII. Floats and other assistance to domestic organizations and donestic governments. See Part IV, line 21 Girants and other assistance to domestic individuals. See Part IV, line 12 Girants and other assistance to domestic individuals. See Part IV, line 12 Girants and other assistance to domestic individuals. See Part IV, line 12 Girants and other assistance to foreign organizations, foreign governments, and toreign individuals. See Part IV, line 12 Girants and other assistance to foreign organization, foreign governments, and toreign individuals. See Part IV, line 12 Girants and See Part IV, line 12 Girants and See Part IV, line 12 Girants and Complete in Section of Section of Sections, trustees, and key employees Compressation of current officers, directors, trustees, and key employees Compressation of current officers directors, trustees, and key employees Compressation of current officers directors, trustees, and key employees Bear IV, line 12 Other employee benefits Personal complete and values Personal complete and values Personal complete and values Personal complete and combinations (include section 40)(1), and 40(30) employees Payrol taxes Payrol taxes Payrol taxes Payrol taxes Payrol taxes Personal complete and combinations (include section 40) (1), and 40(30) employees combinations (include section 40) (1), and 40(30) employees combinations (include section 40) (1), and 40(30) employees combinations (include section 40) (1), and 40(30) employee combinations (include section 40) (1), and 40(30) employee combinations (include section 40), and 40(30) employee combinations (include section 40), and 40(30) employees		Check if Schedule O contains a respons	e or note to any line in t	<u> </u>	, ,	
I Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 22 Grants and other assistance to domestic microbial programments and other assistance to domestic microbial programments. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 12 Grants and foreign individuals. See Part IV, line 12 Grants and foreign individuals. See Part IV, line 12 Grants and foreign individuals and seems of the sealing of		not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
Committee Comm	1	_		·		
individuals. See Part IV, line 22 Grants and other assistance to troeign organizations, foreign governments, and foreign in the productions, foreign governments, and foreign in the productions, foreign governments, and foreign in the production of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Persons described in section 4986(r)(1) and persons described in section 4986(r)(1) and persons described in section 4986(r)(3)(8) 7 Other satisfies and wages 8 Person plan accrusts and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (incremployees): a Management 12 Legal 27, 845. 27, 845. 27, 845. 27, 845. 12, 050. 12, 050. 12, 050. 12, 050. 12, 050. 12, 050. 12, 050. 12, 050. 12, 050. 12, 050. 14, 899. 24 Alyerising and promotion 5, 719. 5, 719. 5, 719. 5, 719. 5, 719. 10 (Incremptor and promotion) 5, 719. 5, 719. 5, 719. 10 (Incremptor and promotion) 5, 719. 11, 122, 211. 122, 211. 122, 211. 122, 211. 122, 211. 122, 211. 122, 211. 123, 110. 28 Payments of travel or entertainment expenses for any factoral, state, or local public officials, or any factoral state, or local public officials, or any factoral, state, or local public officials, or local burde	2	· · · · · · · · · · · · · · · · · · ·				
3 Grants and other assistance to foreign organizations, foreign powerments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above to disqualified persons (as defined under section 4958(f)(1) and persons discretion in anction 4958(f)(1) and persons (as defined under section 4958(f)(1) and persons (as defined under	_					
Individuals, See Part IV, lines 15 and 16 4 8 8 8 1 11,200.	3					
Benefits paid to or for members		organizations, foreign governments, and foreign				
Benefits paid to or for members		individuals. See Part IV, lines 15 and 16				
5 Compensation of current officers, directors, trustees, and key employees 56,000. 28,000. 16,800. 11,200. 6 Compensation not included above to disqualified persons (as defined under section 4958[f(1)) and persons described in section 4018[k] and 403(b) employer contributions) 9 Other employee benefits 9 Payroll taxes 9 Parity (include section 4018[k) and 403(b) employer contributions) 10 Payroll taxes 9 Parity (include section 4018[k) and 403(b) employer contributions) 11 Fees for services (nonemployees):	4					
6 Compensation on included above to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 84,831. 84,831. 8 Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payrol taxes 11 Fees for services (nonemployees): a Management b Legal 27,845. 27,845. c Accounting 12,050. 12,050. d Lobbying Professional fundraising services. See Part IV, line 17 I Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (f) amount, list line 11g expenses on Sch 0.) 4,899. 4,899. 2 Advertising and promotion 5,719. 5,719. 4,899. 3 Office expenses 1 Information technology 6,114. 5,502. 306. 306. 3 Travel 1 Reyments of travel or entertainment expenses for any federal, state, or local public officials or local public officials 10 column (g) list list state and above (Lts inscellatives segments on I 10,833. 110,83	5					
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9 Other employee benefits 10 Payroll taxes	8				T	_
10		section 401(k) and 403(b) employer contributions)				
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The See for services (nonemployees): a Management	10	Payroll taxes				
b Legal	11	Fees for services (nonemployees):				
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d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 22 Advertising and promotion 5,719. 5,719. 23 Office expenses 8,595. 8,165. 430. 24 Information technology 6,114. 5,502. 306. 306. 25 Royalties 9 26 Occupancy 122,211. 122,211. 27 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 29 Conferences, conventions, and meetings 674. 674. 20 Interest 2,112. 2,112. 21 Payments to affiliates 2,112. 2,112. 22 Depreciation, depletion, and amortization 110,833. 110,833. 23 Insurance 24 Other expenses Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25; column (A) amount, list line 24e expenses on Schedule O.) 24 MEMBERSHIP DUES 8,888. 888. 25 Total functional expenses. Add lines 1 through 24e 444,693. 402,587. 30,170. 11,936.	b	Legal				
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g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion	е					
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15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 20 Interest 20 Depreciation, depletion, and amortization 21 Insurance 22 Depreciation, depletion, and amortization 23 Insurance 24 Ofter expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 MEMBERSHIP DUES 29 DEPRECIAL EVENTS 30 MEMBERSHIP DUES 40 d				F F00		
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Total functional expenses. Add lines 1 through 24e 444,693. 402,587. 30,170. 11,936. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		All other expenses				
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· ———	444,693.	402,587.	30,170.	11,936.
educational campaign and fundraising solicitation.			•	•	·	•
		reported in column (B) joint costs from a combined				
Check here if following SOP 98-2 (ASC 958-720)		educational campaign and fundraising solicitation.				
non-major to 2 place to 120)		Check here if following SOP 98-2 (ASC 958-720)				

PORTSMOUTH SUBMARINE MEMORIAL ASSOCIATION

Form 990 (2020)

Part X Balance Sheet

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			57,893.	1	34,424. 742,252.
	2	Savings and temporary cash investments			679,962.	2	742,252.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	etion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			34,818.	8	34,741.
Ŕ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,357,663.			
	b	Less: accumulated depreciation	10b	1,092,653.	1,373,400.	10c	1,265,010.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	28,019.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	2,174,092.	16	2,076,427.
	17	Accounts payable and accrued expenses			2,132.	17	572.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ja ja		controlled entity or family member of any of thes				22	50.000
_	23	Secured mortgages and notes payable to unrela			78,072.	23	58,300.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	0.0		0
					28.		0.
	26	Total liabilities. Add lines 17 through 25			80,232.	26	58,872.
S		Organizations that follow FASB ASC 958, che	ck her	e ▶ □			
ğ		and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions				27	
B B	28	Net assets with donor restrictions				28	
필		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🔼			
<u>p</u>		and complete lines 29 through 33.			0	00	0
ets	29	Capital stock or trust principal, or current funds			<u> </u>	29	0.
188	30	Paid-in or capital surplus, or land, building, or eq			2,093,860.	30	2,017,555.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ž	32	Total net assets or fund balances			2,093,860. 2,174,092.	32	2,017,555.
	33	Total liabilities and net assets/fund balances			Z,1/4,U9Z.	33	2,076,427.

Form **990** (2020)

orn	n 990 (2020) ASSOCIATION	02-	03645	509	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		368	3,3	88.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		444	1,6	93.			
3	Revenue less expenses. Subtract line 2 from line 1	3		-76	5,3	05.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	093	3,8	60.			
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))								
Pa	rt XII Financial Statements and Reporting			01					
	Check if Schedule O contains a response or note to any line in this Part XII								
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		L	2b		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				l			
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O).						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit			1			

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2020)

За

3b

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Name of the organization PORTSMOUTH SUBMARINE MEMORIAL Employer identification number ASSOCIATION 02-0364509 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization listed in your governing document? (vi) Amount of other (i) Name of supported in your gover (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

02-0364509 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
	• • • • • • • • • • • • • • • • • • • •	(-) 001C	(L) 0017	(-) 0010	(-1) 0010	(-) 0000	(f) Tatal
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
,	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
9	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	, etc. (see instructi	ons)		•	12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stop						
Se	ction C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	3 Schedule A, Part	II, line 14			15	%
16a	a 33 1/3% support test - 2020. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	າ			▶□
k	33 1/3% support test - 2019. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua						
17a	a 10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin	ie 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstand	es test, check thi	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t		•		• •		
	organization meets the facts-and-circ		-	•			>
10	Drivate foundation If the organization	an did not check a	hay an line 12 16	a 16h 17a ar 17	'h chack thic hav a	nd eas instruction	e 🔼 📗

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u></u>					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	10,157.	16,578.	9,274.	32,762.	16,319.	85,090.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	188,282.	216,656.	251,612.	35,681.	77,651.	769,882.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	198,439.	233,234.	260,886.	68,443.	93,970.	854,972.
7	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
I	b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	c Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						854,972.
	ction B. Total Support	1		T T			
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	198,439. 3,195.	233,234. 4,408.	260,886. 8,196.	2,500.	93,970. 8,647.	
	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,195.	4,408.	8,196.	2,500.	8,647.	26,946.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	29,957. 231,591.	17,079. 254,721.	777. 269,859.	70,943.	247,158. 349,775.	294,971. 1176889.
	First 5 years. If the Form 990 is for the						
	check this box and stop here	· ·				. , . ,	>
Se	ction C. Computation of Publ						
15	Public support percentage for 2020 (line 8, column (f), d	livided by line 13, o	column (f))		15	72.65 %
	Public support percentage from 2019					16	90.34 %
Se	ction D. Computation of Inve	stment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	2.29 %
18	Investment income percentage from	2019 Schedule A, i	Part III, line 17			18	2.66 %
19	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qualit	ies as a publicly su	upported organiza	tion	> X
١	b 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che			•		-	

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status
- under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) nurnoses
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		163	140
	1		
	2		
	3a		
	Sa		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	0		
	8		
	9a		
	9b		
	9c		
	10a		
	101-		
n 9	10b 90 or 99	0-EZ	2020
_		,	,

A (Form 990 or 990-EZ) 20	
Supporting Organ	·

Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ĺ
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u></u>
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			ĺ
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			ĺ
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ĺ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ĺ
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
	supported organizations played in this regard.	3		1
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 ASSOCIATION

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	·		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functions	ally integrate	d Type III supporting ora	anization (soc		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

	dule A (Form 990 or 990-EZ) 2020 ASSOCIATION	(a)(2) Supporting Our			2-0364509 Page 7
Pai		v(a)(3) Supporting Orga	anizations (contin	uea)	O
	ion D - Distributions Amounts paid to supported organizations to accomplish exe	emnt nurnoses		1	Current Year
	Amounts paid to supported organizations to accomplish exemples and to perform activity that directly furthers exemple to the control of the c			+ +	
2	organizations, in excess of income from activity	pt purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets	oo or supported organization		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ondo dotano mi i di e vi		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
b	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020 ASSOCIATION	02-0364509	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV. Section D, lines 2 and 3; Part IV. Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part IV.	1 and 2; Part IV, Sectior V. Section B. line 1e: Pa	n C, art V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	nal information.	•
PART III, SHORT YEAR EXPLANATION:		
THE PRIOR YEAR AMOUNTS REPRESENT A SHORT PERIOD OF 3 MONTHS	DUE TO THE	
ASSOCIATION CHANGING ITS YEAR END FROM 9/30 TO 12/31 BEGINN	ING ON	
10/1/2019.		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

PORTSMOUTH SUBMARINE MEMORIAL ASSOCIATION

Employer identification number

02-0364509

Organization type (check one):

O. gamea	tion typo (amaan a	,-				
Filers of:		Section:				
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General F	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special F	lules					
8	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
l	contributor, during iterary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
i Y	vear, contributions s checked, enter h ourpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\text{\$\frac{1}{2}}}{2} \\ \frac{\text{\$\frac\$}}{2} \\ \frac{\text{\$\frac{1}{2}}}{2} \\ \frac{\text{\$\frac{1}{				
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

PORTSMOUTH SUBMARINE MEMORIAL

ASSOCIATION

Employer identification number

02-0364509

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW HAMPSHIRE CHARITABLE FOUNDATION 37 PLEASANT STREET CONCORD, NH 03301	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW HAMPSHIRE HUMANITIES 117 PLEASANT STREET CONCORD, NH 03301	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NH NONPROFIT EMERGENCY RELIEF FUND 1 EAGLE SQUARE CONCORD, NH 03301	\$ <u>160,517.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, autress, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

PORTSMOUTH SUBMARINE MEMORIAL

ASSOCIATION

Employer identification number

02-0364509

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

PORTSMOUTH SUBMARINE MEMORIAL

Employer identification number

SOCI	IATION				02-0364509	
rt III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations desc	cribed in section	n 501(c)(7), (8), or (10) t	that total more than \$1,000 for the	
	completing Part III, enter the total of exclusively religious, ch	naritable, etc., contributions of	\$1,000 or less	for the year. (Enter this info. once	e.) > \$	
	Use duplicate copies of Part III if additional s	space is needed.				
No. m	(b) Purpose of gift	(c) Use of	aift	(d) Desc	ription of how gift is held	
τÏ	(b) Fulpose of gift	(c) Use of	giit	(u) Desc	ription of now gift is field	
				_ -		
				_		
				_ -		
_						
		(e) Trans	fer of gift			
			Deletionalis of houseful to houseful			
-	Transferee's name, address, an	<u>a ZIP + 4</u>		Relationship of trai	nsferor to transferee	
			-			
			-			
No.						
m rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-						
				-		
_						
-						
	(e) Transfer of gift					
	Transferee's name, address, an	Relationship of transferor to transferee				
No						
No. om	(b) Purpose of gift	(c) Use of		(d) Desc	ription of how gift is held	
rt I						
				_		
-				-		
		-		-		
-	L	(e) Trans	fer of gift			
		(o) Irano	o. g			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
				•		
.						
No. om rt I	(b) Purpose of gift	(c) Use of	aift	(d) Desc	ription of how gift is held	
tΙ	(a) : a. pasa a. g	(0, 000 0.		(4) 2000		
				_		
-				-		
				-		
H		(a) Tue	for of aift			
		(e) Irans	fer of gift			
	Transferee's name, address, an	d 7 ID ± 4		Relationship of tra	nsferor to transferee	
f	iransieree 5 name, audress, an	u ⊆ IF T †		neiauonamp oi trai	isicioi to dalisiciee	
	-					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PORTSMOUTH SUBMARINE MEMORIAL **ASSOCIATION**

Employer identification number 02-0364509

Par	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	n writing that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	pe used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpos	se conferring
Par	rt II Conservation Easements. Complete if the o	rganization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` 	
	Preservation of land for public use (for example, recre	· —	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	-		
С	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	•	_
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing co	onservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conser	vation easements during the year
_	\$		70 (1) (4) (7) (2)
8	Does each conservation easement reported on line 2(d) about a set of 270(h)/A/DV(*)20	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	·	
	balance sheet, and include, if applicable, the text of the foo	stricte to the organization's financial state	ments that describes the
Par	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	of Art Historical Treasures or	Other Similar Assets
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 9		t and halance sheet works
ıa	of art, historical treasures, or other similar assets held for pu	·	
	service, provide in Part XIII the text of the footnote to its final	,	•
h	If the organization elected, as permitted under FASB ASC 9		
b	art, historical treasures, or other similar assets held for publ	· · · · · · · · · · · · · · · · · · ·	
	provide the following amounts relating to these items:	ile exhibition, education, or research in re	Turciance of public service,
			•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tr		
~	the following amounts required to be reported under FASB		nai gairi, provide
9	Revenue included on Form 990, Part VIII, line 1		▶ \$
a h			. .
N.	, 100010 in long document of the coopy of th		F Ψ

PORTSMOUTH SUBMARINE MEMORIAL ASSOCIATION

Schedule D (Form 990) 2020

02-	03	6450	9	Page 2
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Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Othe	r Similar <i>i</i>	Assets(cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of the	following tha	ıt make si	gnificant use	e of its		
	collection items (check all that apply):									
а	X Public exhibition	c	ı 🔲 ı	Loan or exc	hange progra	am				
b	Scholarly research	e	• 🔲	Other						
С	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizati	on's exen	npt purpose	in Part XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orgai	nization's c	ollection?			. Yes	X	No
Pai	t IV Escrow and Custodial Arran	-	ete if the	organizatio	on answered	"Yes" on I	Form 990, Pa	art IV, line 9, o	or	
	reported an amount on Form 990, Par	<u> </u>								
1a	Is the organization an agent, trustee, custodi		•						_	7
	on Form 990, Part X?							L Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:						
								Amou	<u>nt</u>	
С										
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo						:y?	L Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII.								<u> L </u>	
Pai	t V Endowment Funds. Complete in	f the organization ar	nswered	"Yes" on Fo	orm 990, Par			1		
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years	s back (e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	<u></u> %								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	e organizatio	on		
	by:								Yes	No
	(i) Unrelated organizations							3a(i))	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on S	chedule R?				3b		
_4	Describe in Part XIII the intended uses of the		owment 1	funds.						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 990), Part X, I	ine 10.			
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Ac	cumulated	(d) Bo	ok value	Э
		basis (investr	ment)	basis	(other)	dep	reciation			
1a	Land			2	22,500.				22,5	
	Buildings			95	2,270.	6	81,337	. 2	70,9	33.
	Leasehold improvements									
d	Equipment									
	Other			1,38	32,893.	4	11,316		71,5'	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)			$ 1, \overline{26}$	55,0	10.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 ASSOCIATION Part VIII Investments - Other Securities.

ASSOCIATION

02-0364509 Page 3

Complete if the organization answered "Yes" of		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
	on Form OOO Dort IV line	11a Cas Form 000 Part V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
` ' '	(b) Book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability	<u> </u>		(b) Book value
(1) Federal income taxes			(/
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements t	that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

	edule D (Form 990) 2020 ASSOCIATION		02-03645	509 Page 4
Ра	rt XI Reconciliation of Revenue per Audited Financial State		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i i		
а	Net unrealized gains (losses) on investments			
b				
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а		2a		
b				
С				
d				
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5				
	rt XIII Supplemental Information.		3	
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV lines 1h and 2h: Part I	V line 4: Part X line 2:	· Part XI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	•	v, iii e 4, i ai t 7, iii e 2,	, i ait Ai,
11162	20 and 4b, and Part XII, lines 20 and 4b. Also complete this part to provide any a	additional information.		
וגם	DM TTT TINE 13.			
PA.	RT III, LINE 1A:			
	E VALUE OF MUE HOO ALDAGODE GHOVADINE A	NIAMTONIAT IITOMO	DTG T 331DM31	מע זואמ
ľH.	E VALUE OF THE USS ALBACORE SUBMARINE, A	NATIONAL HISTO	JRIC LANDMA	KK, HAS
ATO!	m peny penonmen on mue nalance queem oe (THE ODG 3 NT 7 3 MT 6	N	
MO.	T BEEN REPORTED ON THE BALANCE SHEET OF T	THE ORGANIZATIO	DN. THE REVI	ENUES
		amen 1 <i>a</i> 1110011		
DE.	RIVED FROM TOURS OF THE SUBMARINE ARE LIS	STED AS INCOME	AND ARE USI	ED TO
FU.	RTHER THE ORGANIZATION'S EXEMPT PURPOSE.			
PA:	RT III, LINE 4:			
TH:	E FORMER USS ALBACORE SUBMARINE IS A NATI	IONAL HISTORIC	LANDMARK AN	ND IS
PR:	ESERVED BY THE ORGANIZATION FOR THE PURPO	OSE OF DISPLAY	ING, EDUCAT:	ING,
AN	D MEMORIALIZING MARITIME ACTIVITIES IN TH	HE REGION.		

PORTSMOUTH SUBMARINE MEMORIAL 02-0364509 Page 5 Schedule D (Form 990) 2020 ASSOCIATIO Part XIII Supplemental Information (continued) ASSOCIATION

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

2020
Open to Public Inspection

Name of the organization

PORTSMOUTH SUBMARINE MEMORIAL ASSOCIATION

Employer identification number 02-0364509

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF THE PORTSMOUTH NAVAL SHIPYARD AND THE U.S. NAVY'S SUBMARINE SERVICE.
IT'S MOST SIGNIFICANT ACTIVITY IS THE DISPLAY OF A SUBMARINE, THE
FORMER USS ALBACORE, AND AN ASSOCIATED MUSEUM.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
YES, DUE TO THE COVID-19 CRISIS, AS WITH MOST MUSEUMS, VISITATION WAS
DRASTICALLY CURTAILED DURING 2020 WITH ONLY ABOUT A QUARTER OF THE
NUMBER OF ADMISSIONS RECORDED. ALL SPECIAL EVENTS EXCEPT A REMOTELY
BROADCAST WREATHS AROUND AMERICA CEREMONY WERE CANCELLED. LIMITED
RESUMPTION OF NORMAL ACTIVITIES IS NOT ANTICIPATED BEFORE 2022.
ANDOM TOO OF MOMENT MOTIVITIES IS NOT MATTERIALS BUT ONE 2022.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS WHO PAY ANNUAL DUES.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATIONS MEMBERS ELECT MEMBERS OF THE BOARD OF DIRECTORS AT AN
ANNUAL MEETING AND CAN AMEND THE BYLAWS OF THE ORGANIZATION BUT HAVE NO
OTHER POWERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS THE 990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION WILL PROVIDE THIS INFORMATION TO THE PUBLIC IF IT IS

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization PORTSMOUTH SUBMARINE MEMORIAL	Page 2 Employer identification number
ASSOCIATION	02-0364509
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CON	FLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PU	UBLIC UPON REQUEST.
FORM 990 PART VIII LINES 1E AND 1F	
THREE GRANTS TOTALING \$195,717 FUNDED BY THE FEDERAL	L CARES ACT FOR
COVID-19 RELIEF ARE INCLUDED IN THE PART VIII LINES	1E AND 1F REVENUES

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C on v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES													
30	NEW UPHOLSTERY	09/15/05	SL	10.00	MQ1	2,791.				2,791.	2,791.		0.	2,791.
35	TROPHY CASE-\$445-SECURITY PANEL-\$1,260	07/15/08	200DB	5.00	MQ1	1,075.				1,075.	1,075.		0.	1,075.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					3,866.				3,866.	3,866.		0.	3,866.
	LAND													
1	LAND	01/01/87	NC	.000	НУ	22,500.				22,500.			0.	
	* 990 PAGE 10 TOTAL LAND					22,500.				22,500.	0.		0.	0.
	OTHER													
2	SITE IMPROVEMENTS	01/01/87	ADS	40.00	MM1	326,073.				326,073.	266,094.		8,152.	274,246.
3	SITE IMPROVEMENTS	01/01/87	ADS	40.00	MM1	6,272.				6,272.	4,808.		157.	4,965.
4	BUILDING	01/01/87	ADS	40.00	MM1	175,945.				175,945.	144,189.		4,399.	148,588.
5	SITE IMPROVE-HALLET	01/01/88	ADS	40.00	MM1	55,800.				55,800.	44,934.		1,395.	46,329.
6	LANDSCAPING-SITE(M)	01/01/88	ADS	10.00	нү1′	3,858.				3,858.	3,778.		0.	3,778.
7	LANDSCAPING-SITE(M)	01/01/88	ADS	10.00	нү1	394.				394.	385.		0.	385.
8	COMPUTER	01/01/86	PRE	5.00	HY1 (3,095.				3,095.	3,095.		0.	3,095.
9	SIGN	01/01/87	200DB	7.00	ну1′	9,007.				9,007.	9,007.		0.	9,007.
10	DOCUMENTARY FILM	01/01/87	200DB	7.00	ну1′	5,120.				5,120.	5,120.		0.	5,120.
11	VIDEO	01/01/88	200DB	7.00	HY1	7 45.				45.	45.		0.	45.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
12	SITE IMPROVEMENTS	01/01/88	ADS	10.00	HY17	3,386.				3,386.	3,146.		0.	3,146.
13	SITE IMPROVEMENTS	10/04/89	ADS	10.00	НУ17	30.				30.	30.		0.	30.
14	BUILDING DESIGN	01/10/90	NC	.000	нч	2,930.				2,930.			0.	
15	BUILDING COSTS - 1995	01/01/95	NC	.000	НУ	4,975.				4,975.			0.	
16	BUILDING COSTS-1996	01/01/96	NC	.000	ну	9,674.				9,674.			0.	
17	FAX MACHINE	10/24/95	ADS	5.00	НУ17	307.				307.	307.		0.	307.
18	SITE PLANNING	01/01/97	ADS	10.00	НУ17	5,251.				5,251.	5,251.		0.	5,251.
19	SITE IMPROVEMENTS - ARCHITECT	01/01/97	ADS	10.00	НУ17	4,375.				4,375.	4,375.		0.	4,375.
20	MUSEUM ACQUISITIONS	01/01/97	ADS	10.00	НУ17	9,050.				9,050.	9,050.		0.	9,050.
21	MUSEUM PURCHASE	10/01/97	NC	.000	ну	39,500.				39,500.			0.	
22	ARCHITECT / ENGINEERING FEES	10/01/98	NC	.000	ну	11,612.				11,612.			0.	
23	PAINTING FOR MUSEUM	12/01/98	NC	.000	ну	11,500.				11,500.			0.	
24	PRINTS FOR MUSEUM FUNDRAISER	01/01/99	NC	.000	НУ	14,700.				14,700.			0.	
25	NEW WATER LINE	02/01/99	150DB	15.00	ну17	13,138.				13,138.	13,138.		0.	13,138.
26	PAINTING FOR MUSEUM-PURCHASED FROM CHRIS	10/07/99	NC	.000	ну	5,000.				5,000.			0.	
27	ROOFING	07/31/03	200DB	5.00	MQ17	12,235.			6,118.	6,117.	6,117.		0.	6,117.
28	FENCE	05/24/04	150DB	15.00	ну17	5,664.				5,664.	5,664.		0.	5,664.
29	SOUND SYSTEM	03/15/05	SL	10.00	MQ17	4,550.				4,550.	4,550.		0.	4,550.

028111 04-01-20

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	SPEAKER SYSTEM	08/15/05	SL	10.00	MQ17	10,033.				10,033.	10,033.		0.	10,033.
32	SNOW BLOWER	02/28/07	200DB	7.00	MQ17	1,170.				1,170.	1,170.		0.	1,170.
33	DOORS	04/18/07	SL	15.00	MQ17	5,592.				5,592.	4,706.		373.	5,079.
34	PAVING	07/30/07	SL	15.00	MQ17	14,475.				14,475.	11,942.		965.	12,907.
36	NEW LAPTOP - POS SYSTEM	10/07/13	200DB	5.00	НҮ17	519.		519.					0.	
37	MEMORIAL GARDEN IMPROVEMENT	08/02/08	SL	15.00	MQ17	2,000.				2,000.	1,516.		133.	1,649.
38	PARKING LOT PAVING	07/02/08	SL	15.00	MQ17	24,230.				24,230.	18,375.		1,615.	19,990.
39	PORCH ROOF	08/20/08	SL	15.00	MQ17	4,000.				4,000.	3,034.		267.	3,301.
40	POS COMPUTER - HP4300	10/11/13	200DB	5.00	НҮ17	570.		570.					0.	
41	SITE IMPROVEMENTS	10/27/99	ADS	10.00	НҮ17	36,109.				36,109.	36,109.		0.	36,109.
42	ADA IMPROVEMENTS	02/28/09	SL	15.00	НҮ17	9,206.			4,603.	4,603.	3,299.		307.	3,606.
43	BUIDLING IMPROVEMENTS	12/31/09	SL	15.00	НҮ17	25,003.				25,003.	16,252.		1,667.	17,919.
44	DELL LAPTOP - INSPIRON 7000	07/19/14	200DB	5.00	HY17	1,354.		1,354.					0.	
45	VARIOUS IMPROVEMENTS FROM PRIOR YEARS	10/01/10	SL	15.00	HY17	7,130.				7,130.	4,159.		475.	4,634.
46	MEMORIAL GARDEN - BENCH & MEMORIAL TO SHIPYARD	05/08/15	SL	15.00	HY17	4,198.				4,198.	1,329.		280.	1,609.
47	BUIDLING IMPROVEMENTS - HVAC	04/23/15	SL	15.00	нү17	17,163.				17,163.	5,435.		1,144.	6,579.
48	MEMORIAL GARDEN - WALKWAY	04/19/16	SL	15.00	MQ17	26,300.				26,300.	6,355.		1,753.	8,108.
49	DRY DOCK BASIN - MITIGATE FLOODING ISSUE	05/12/17	SL	15.00	HY17	27,025.				27,025.	4,954.		1,802.	6,756.

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⁽D) - Asset disposed * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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	JO FAGE IO						330							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
50	DRY DOCK BASIN	09/01/16	SL	15.00	MQ17	1,206,177.				1,206,177.	271,390.		80,412.	351,802.
51	FENCING	09/01/16	SL	15.00	MQ17	8,563.				8,563.	1,927.		571.	2,498.
52	STORAGE BUILDING	09/01/17	SL	39.00	MM17	109,491.				109,491.	6,434.		2,807.	9,241.
53	KIOSK IMPROVEMENTS	10/01/16	SL	15.00	нү17	1,654.			827.	827.	152.		55.	207.
54	FENCING	07/01/17	SL	15.00	НҮ17	1,300.				1,300.	239.		87.	326.
55	MEMORIAL PANELS - STANTON/SARGEANT	06/01/17	150DB	15.00	ну17	2,308.			1,154.	1,154.	288.		87.	375.
56	DRAINAGE/WETLAND MITIGATION	02/01/18	SL	15.00	нү17	21,741.				21,741.	2,571.		1,449.	4,020.
57	UNDERDRAIN INSTALLATION PARKING LOT	10/08/19	SL	15.00	MQ17	20,500.			20,500.				0.	
	* 990 PAGE 10 TOTAL OTHER					2,331,297.		2,443.	33,202.	2,295,652.	944,752.		110,352.	1,055,104.
	* GRAND TOTAL 990 PAGE 10 DEPR					2,357,663.		2,443.	33,202.	2,322,018.	948,618.		110,352.	1,058,970.